

“A Well Regulated Militia, Being Necessary To The Security Of A Free State, The Right Of The People To Keep And Bear Arms Shall Not Be Infringed.”

The SECOND AMENDMENT COALITION OF FLORIDA, INC.

A Florida Not-For-Profit Corporation

Membership Application Form

Thank you for your interest in the “Second Amendment Coalition of Florida, Inc.,” your local South Florida grassroots firearms rights organization.

(Please Print Legibly)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

E-Mail: _____ Date of Birth: _____

Please Make Checks Payable To: “SACFLA” or “The Second Amendment Coalition”
All memberships cover one calendar year and are due in January.

General Membership \$25 (amount): _____

Minuteman/Women Level Membership \$45 (amount): _____

Sons & Daughters of Liberty Level Membership \$85 (amount): _____

Donations are gratefully accepted (amount): _____

Total Amount with this Application: _____

Applicant’s Signature: _____

Who referred you or how did you find out about us?

Please note that all SACFLA, Inc. members are expected to conduct themselves in a respectable and courteous manner and support the Constitution of the United States.



Contact Information

PO Box 17335

West Palm Beach, FL 33416-7335

Call David Wood (Treasurer) 561-582-6099 for additional information

Web Site: <http://www.sacfla.org>